Date <u>11/08/2000</u> SHT# SHT0006981 OMB No. 0648-0084, exp 7/31/03

HN: PHF000931 SN: 054/002 For NMFS Use Only

#### I. Holder-Specific: Person or other Entity With Custody of the Marine Mammal Facility: Navy, U.S. Name of Bacility Holder: Navy, U.S. Name of Facility (if different from Holder) Date assumed custody: 0 7 - 0 9 - 7 4 Date arrived at Facility: \_\_\_ - \_\_\_ - \_\_\_ City/State/Zip (include Country for foreign facilities): San Diego, CA 92152-5001 US Location of Facility \_\_\_\_\_ Animal Name: \_\_\_\_\_ Animal Identification No. TT-#02 (assigned by holder) (assigned by holder) Public display X Scientific research ☐ Enhancement Captive Purpose(s): II. Animal-Specific: Species: BOTTLENOSE DOLPHIN - TURSIOPS TRUNCATUS Sex: X Male Female Unknown Common Name - Scientific Name Population Name: ATLANTIC OCEAN NOAA Identification No. NOA0004949 ( check here if unknown or not yet assigned) Date of birth: 0 6 - 15 - 64 Actual X Estimated Captive Origin (check only one): Captive born Wild capture Beach/stranded Unknown Date of original captivity: 0 7 - 09 - 74 (ATTACH documentation if before December 21, 1972.) **III. Source:** Indicate how and from whom custody of this animal was obtained, including change in facility. Captive birth Transfer/ Name of Previous Holder: Transport Name of Previous Facility: \_\_\_\_\_ Permit No. \_\_\_\_\_ or \_\_ For medical treatment otherwise unavailable (16 U.S.C. 1379(h)(2)) ☐ Import ☐ Beach/Stranded (Please see notes) X Wild Capture Permit No. #12 Collector: NOSC / MISS SOUND, MS, GULFPORT Latitude/Longitude Geographical Name **IV. Disposition:** The date and reason this animal left your custody or changed facility. Recipient: ☐ Transfer/ Date: \_\_\_\_ — \_\_\_\_\_ Transport Facility: \_\_\_\_\_\_ Death If "Euthanasia," indicate reason: \( \square\) life-threatening condition involving pain/suffering or \( \square\) other If "Other Cause," describe briefly: Date: 0 7 - 1 5 - 7 4 Permit No. \_\_\_\_\_ or Unauthorized release/escape (reintroduction) X Release Location: Geographic Location Tag number or description of other identifying markings

Date 11/08/2000 SHT# SHT0006933

OMB No. 0648-0084, exp 7/31/03 HN: phf000931 SN: 054/002

For NMFS Use Only
I. Holder-Specific:
Holder: Navy, U.S. Facility: Navy, U.S.  Person or other Entity With Custody of the Marine Mammal Facility: Name of Facility (if different from Holder)
Date assumed custody: 0 7 - 1 1 - 7 4 Date arrived at Facility:
City/State/Zip (include Country for foreign facilities): San Diego, CA 92152-5001 US  Location of Facility
Animal Identification No. TT-495 Animal Name: NWY (assigned by holder) (assigned by holder)
Captive Purpose(s):   Public display   Scientific research   Enhancement
II. Animal-Specific:
Species: BOTTLENOSE DOLPHIN - TURSIOPS TRUNCATUS Sex: X Male Female Unknown
Common Name - Scientific Name Population Name: ATLANTIC OCEAN
NOAA Identification No. NOA0004906 ( check here if unknown or not yet assigned)
Date of birth: $0 6 - 15 - 66$ Actual X Estimated
Captive Origin (check only one):   Captive born   Wild capture   Beach/stranded   Unknown
Date of original captivity: 0 7 - 1 1 - 7 4 (ATTACH documentation if before December 21, 1972.)
III. Source: Indicate how and from whom custody of this animal was obtained, including change in facility.
☐ Captive birth
Transfer/ Name of Previous Holder:  Name of Previous Facility:
☐ Import Permit No or ☐ For medical treatment otherwise unavailable (16 U.S.C. 1379(h)(2))
☐ Beach/Stranded (Please see notes)
X Wild Capture Permit No. #12 Collector: NOSC
Location: / MISS SOUND, MS, GULFPORT
Latitude/Longitude Geographical Name
IV. Disposition: The date and reason this animal left your custody or changed facility.
☐ Transfer/ Date:           Recipient:            Transport         Facility:
Death Date: Cause: Premature/still birth Euthanasia Other
If "Euthanasia," indicate reason:   life-threatening condition involving pain/suffering or other
If "Other Cause," describe briefly:
X Release Date: 1 0 — 1 0 — 7 5 Permit No or Unauthorized release/escape
(reintroduction)  Location: /
Geographic Location Tag number or description of other identifying markings

# MARINE MAMMAL DATA SHEET Date 11/08/2000

OMB No. 0648-0084, exp 7/31/03 HN: PHF000931 SN: 054/002

SHT# SHT0006937 For NMFS Use Only
I. Holder-Specific:
Holder: Navy, U.S. Facility: Navy, U.S. Name of Facility (if different from Holder)
Date assumed custody: 0 7 - 1 3 - 7 4 Date arrived at Facility:
City/State/Zip (include Country for foreign facilities): San Diego, CA 92152-5001 US  Location of Facility
Animal Identification No. TT-499 Animal Name: BLK (assigned by holder) (assigned by holder)
Captive Purpose(s):   Public display   Scientific research   Enhancement
II. Animal-Specific:
Species: BOTTLENOSE DOLPHIN - TURSIOPS TRUNCATUS  Common Name - Scientific Name  Sex: X Male Female Unknown
Population Name: ATLANTIC OCEAN  NOAA Identification No. NOA0004909 (
Date of birth: 0 6 - 1 5 - 7 0
III. Source: Indicate how and from whom custody of this animal was obtained, including change in facility.
Captive birth
Transfer/ Name of Previous Holder:
Transport Name of Previous Facility:
☐ Import Permit No or ☐ For medical treatment otherwise unavailable (16 U.S.C. 1379(h)(2))
☐ Beach/Stranded (Please see notes)
Wild Capture   Permit No. #12   Collector: NOSC
Location: / MISS SOUND, MS, GULFPORT  Latitude/Longitude Geographical Name
IV. Disposition: The date and reason this animal left your custody or changed facility.
Transfer/ Date:           Recipient:            Transport         Facility:
☐ Death Date: — Cause: ☐ Premature/still birth ☐ Euthanasia ☐ Other
If "Euthanasia," indicate reason:  If life-threatening condition involving pain/suffering or  other
If "Other Cause," describe briefly:
X Release Date: 0 8 - 2 5 - 7 5 Permit No. or X Unauthorized release/escape (reintroduction)
Location:/ Geographic Location Tag number or description of other identifying markings

Date <u>11/08/2000</u> SHT# <u>SHT0007044</u> OMB No. 0648-0084, exp 7/31/03

HN: PHF000931 SN: 054/002 For NMFS Use Only

I. Holder-Specific:
Holder: Navy, U.S.  Person or other Entity With Custody of the Marine Mammal  Facility: Navy, U.S.  Name of Facility (if different from Holder)
Date assumed custody: $0 \ 8 \ -3 \ 0 \ -8 \ 4$ Date arrived at Facility: $0 \ 9 \ -1 \ 9 \ -8 \ 4$
City/State/Zip (include Country for foreign facilities): San Diego, CA 92152-5001 US
Animal Identification No. TT-682 Animal Name: SCN  (assigned by holder) Location of Facility  Animal Name: SCN  (assigned by holder)
Captive Purpose(s): Public display X Scientific research Enhancement
II. Animal-Specific:
Species: BOTTLENOSE DOLPHIN - TURSIOPS TRUNCATUS  Common Name - Scientific Name  Sex: X Male Female Unknown
Population Name: ATLANTIC OCEAN
NOAA Identification No. NOA0005000 ( check here if unknown or not yet assigned)
Date of birth: 0 6 - 1 5 - 7 6 Actual X Estimated
Captive Origin (check only one):   Captive born   Wild capture   Beach/stranded   Unknown
Date of original captivity: $0 8 - 3 0 - 8 4$ (ATTACH documentation if before December 21, 1972.)
III. Source: Indicate how and from whom custody of this animal was obtained, including change in facility.
☐ Captive birth
Transfer/ Name of Previous Holder:  Transport Name of Previous Facility:
Name of Previous Facility:  Import Permit No or For medical treatment otherwise unavailable (16 U.S.C. 1379(h)(2))
Beach/Stranded (Please see notes)
X Wild Capture Permit No. #195 Collector: MAP
Location: / MISS_SOUND, MS, GULFPORT
Latitude/Longitude Geographical Name
IV. Disposition: The date and reason this animal left your custody or changed facility.
☐ Transfer/ Date:           Recipient:            Transport         Facility:
Death Date: Cause: Premature/still birth Euthanasia Other
If "Euthanasia," indicate reason:  life-threatening condition involving pain/suffering or  other
If "Other Cause," describe briefly:
X Release Date: 0 5 — 0 1 — 9 2 Permit No. or X Unauthorized release/escape (reintroduction)
Location: / Geographic Location Tag number or description of other identifying markings

Date 11/08/2000 SHT# SHT0007113

OMB No. 0648-0084, exp 7/31/03 HN: PHF000931 SN: 054/002 For NMFS Use Only

I. Holder-Specific:
Holder: Navy, U.S. Facility: Navy, U.S. Name of Facility (if different from Holder)
Date assumed custody: 0 7 - 2 0 - 8 8 Date arrived at Facility:
City/State/Zip (include Country for foreign facilities): San Diego, CA 92152-5001 US
Animal Identification No. TT-745 Animal Name: OPU  (assigned by holder) (assigned by holder)
Captive Purpose(s):   Public display   Scientific research   Enhancement
II. Animal-Specific:
Species: BOTTLENOSE DOLPHIN - TURSIOPS TRUNCATUS  Common Name - Scientific Name  Sex: X Male  Unknown
Population Name: ATLANTIC OCEAN  NOA A Identification No. NOA 0.05.061 (C) check here if unknown or not yet assigned)
NOAA Identification No. NOA0005061 ( check here if unknown or not yet assigned)
Date of birth: 0 6 - 1 5 - 7 7 Actual X Estimated
Captive Origin (check only one):   Captive born   Wild capture   Beach/stranded   Unknown
Date of original captivity: <u>0 7 - 2 0 - 8 8</u> (ATTACH documentation if before December 21, 1972.)
Captive birth   Captive birth   Transfer/ Name of Previous Holder:   Transport   Name of Previous Facility:   Import   Permit No.   or   For medical treatment otherwise unavailable (16 U.S.C. 1379(h)(2))   Beach/Stranded (Please see notes)   Callestert Map.
X Wild Capture Permit No. DOD Collector: MAP
Location:/ MS, MMA Geographical Name
IV. Disposition: The date and reason this animal left your custody or changed facility.
Transfer/ Date:         —         Recipient:           Transport         Facility:
☐ Death Date: — Cause: ☐ Premature/still birth ☐ Euthanasia ☐ Other
If "Euthanasia," indicate reason:   life-threatening condition involving pain/suffering or other
If "Other Cause," describe briefly:
X Release Date: 0 6 - 0 2 - 9 2 Permit No. or X Unauthorized release/escape
Location:/

Date 03/08/2004 SHT# SHT0008880 OMB No. 0648-0084, exp 9/30/06 HN: PHF000931 SN: 054/002

For NMES Use Only

For NMFS Use Only
I. Holder-Specific:
Holder: Navy, U.S. Facility: Navy, U.S.  Person or other Entity With Custody of the Marine Mammal Facility: Name of Facility (if different from Holder)
Date assumed custody: 0 8 - 2 9 - 8 8 Date arrived at Facility: 0 9 - 1 5 - 8 8
City/State/Zip (include Country for foreign facilities): San Diego, CA 92152-5001 US
Location of Facility
Animal Identification No. TT-757 Animal Name: KAK (assigned by holder) (assigned by holder)
Captive Purpose(s): Public display X Scientific research Enhancement
II. Animal-Specific:
Species: BOTTLENOSE DOLPHIN - TURSIOPS TRUNCATUS  Common Name - Scientific Name  Sex: X Male Female Unknown
Population Name: ATLANTIC OCEAN
NOAA Identification No. NOA0005073 ( check here if unknown or not yet assigned)
Date of birth: 0 6 - 1 5 - 7 8
Captive Origin (check only one):   Captive born   Wild capture   Beach/stranded   Unknown
Date of original captivity: 0 8 - 2 9 - 8 8 (ATTACH documentation if before December 21, 1972.)
III. Source: Indicate how and from whom custody of this animal was obtained, including change in facility.
Captive birth
Transfer/ Name of Previous Holder:
Transport Name of Previous Facility:
☐ Import Permit No or ☐ For medical treatment otherwise unavailable (16 U.S.C. 1379(h)(2))
☐ Beach/Stranded (Please see notes)
X Wild Capture Permit No. DOD Collector: MAP
Location:/ MS, MMA Geographical Name
IV. Disposition: The date and reason this animal left your custody or changed facility.
☐ Transfer/ Date:           Recipient:            Transport         Facility:
Death Date: Cause: Premature/still birth Euthanasia Other
If "Euthanasia," indicate reason:   life-threatening condition involving pain/suffering or other
If "Other Cause," describe briefly:
X Release Date: 1 2 - 2 3 - 9 2 Permit No. or X Unauthorized release/escape (reintroduction)
Location: UNKNOWN NONE  Geographic Location Tag number or description of other identifying markings

Date 11/08/2000 SHT# SHT0008904 OMB No. 0648-0084, exp 7/31/03

HN: PHF000931 SN: 054/002 For NMFS Use Only

I. Holder-Specific:
Holder: Navy, U.S. Facility: Navy, U.S.
Person or other Entity With Custody of the Marine Mammal  Name of Facility (if different from Holder)  Date engagement expected by the Custody of the Marine Mammal  Name of Facility (if different from Holder)
Date assumed custody: $0 6 - 1 3 - 9 6$ Date arrived at Facility: $0 6 - 1 3 - 9 6$
City/State/Zip (include Country for foreign facilities): San Diego, CA 92152-5001 US  Location of Facility
Animal Identification No. TT-722 Animal Name: LUT
(assigned by holder) (assigned by holder)
Captive Purpose(s): Public display X Scientific research Enhancement
II. Animal-Specific:
Species: BOTTLENOSE: DOLPHIN - TURSIOPS TRUNCATUS Sex: X Male  Female Unknown
Common Name - Scientific Name Population Name: ATLANTIC OCEAN
NOAA Identification No. NOA0004464 ( check here if unknown or not yet assigned)
Date of birth: 0 6 - 1 5 - 7 9 Actual X Estimated
Captive Origin (check only one):   Captive born   Wild capture   Beach/stranded   Unknown
Date of original captivity: $0 7 - 1 0 - 8 7$ (ATTACH documentation if before December 21, 1972.)
III. Source: Indicate how and from whom custody of this animal was obtained, including change in facility.
☐ Captive birth
X Transfer/ Name of Previous Holder: NMFS-(Seizure/Recapture) ;
Transport Name of Previous Facility: Boca Chica Naval Air Station ("Sub Pens")
☐ Import Permit No or ☐ For medical treatment otherwise unavailable (16 U.S.C. 1379(h)(2))
☐ Beach/Stranded (Please see notes)
Wild Capture Permit No Collector:
Location: / Geographical Name
IV. Disposition: The date and reason this animal left your custody or changed facility.
☐ Transfer/ Date: — Recipient:
Transport Facility:
Death Date: Cause: Premature/still birth Euthanasia Other
If "Euthanasia," indicate reason:   life-threatening condition involving pain/suffering or other
If "Other Cause," describe briefly:
Release Date: — Permit No or Unauthorized release/escape (reintroduction)
Location:
Geographic Location Tag number or description of other identifying markings

Date 11/08/2000 SHT# SHT0007024 OMB No. 0648-0084, exp 7/31/03 HN: PHF000931 SN: 054/002

For NMFS Use Only

I. Holder-Specific:
Holder: Navy, U.S.  Person or other Entity With Custody of the Marine Mammal  Facility: Navy, U.S.  Name of Facility (if different from Holder)
Date assumed custody: 0 2 - 2 4 - 8 4 Date arrived at Facility:
City/State/Zip (include Country for foreign facilities): San Diego, CA 92152-5001 US
Location of Facility  Animal Identification No. TT-652 Animal Name: BUD
(assigned by holder) (assigned by holder)
Captive Purpose(s): Public display X Scientific research Enhancement
II. Animal-Specific:
Species: BOTTLENOSE DOLPHIN - TURSIOPS TRUNCATUS  Common Name - Scientific Name  Sex: X Male Female Unknown
Population Name: ATLANTIC OCEAN
NOAA Identification No. NOA0004981 ( check here if unknown or not yet assigned)
Date of birth: 0 6 - 1 5 - 7 9 Actual X Estimated
Captive Origin (check only one):   Captive born   Wild capture   Beach/stranded   Unknown
Date of original captivity: 0 2 - 2 4 - 8 4 (ATTACH documentation if before December 21, 1972.)
III. Source: Indicate how and from whom custody of this animal was obtained, including change in facility.
☐ Captive birth
Transfer/ Name of Previous Holder:
Transport Name of Previous Facility:
Import Permit No or For medical treatment otherwise unavailable (16 U.S.C. 1379(h)(2))
☐ Beach/Stranded (Please see notes)
Wild Capture Permit No. #195 Collector: MAP
Location: / MS, GULFPORT  Latitude/Longitude Geographical Name
IV. Disposition: The date and reason this animal left your custody or changed facility.
☐ Transfer/ Date: — Recipient:
Transport Facility:
☐ Death Date: — Cause: ☐ Premature/still birth ☐ Euthanasia ☐ Other
If "Euthanasia," indicate reason: [] life-threatening condition involving pain/suffering or [] other
If "Other Cause," describe briefly:
X Release Date: 0 6 - 0 4 - 9 0 Permit No. or X Unauthorized release/escape (reintroduction)
Location:/
Geographic Location Tag number or description of other identifying markings

Date <u>11/08/2000</u> SHT# <u>SHT0007145</u> OMB No. 0648-0084, exp 7/31/03

HN: PHF000931 SN: 054/003
For NMFS Use Only

I.OL YAMLO O2C OIIIÀ
I. Holder-Specific:
Holder: Navy, U.S. Facility: Navy, U.S.
Person or other Entity With Custody of the Marine Mammal  Name of Facility (if different from Holder)
Date assumed custody: 0 7 - 2 4 - 8 7 Date arrived at Facility: 0 7 - 2 4 - 8 7
City/State/Zip (include Country for foreign facilities): San Diego, CA 92152-5001 US
Location of Facility  Animal Identification No. TG-733  Animal Name: POK
Animal Identification No. TG-733 Animal Name: POK (assigned by holder) (assigned by holder)
Captive Purpose(s):   Public display   X Scientific research   Enhancement
II. Animal-Specific:
Species: BOTTLENOSE DOLPHIN - TURSIOPS TRUNCATUS Sex: Male X Female Unknown
Common Name - Scientific Name
Population Name: PACIFIC OCEAN
NOAA Identification No. NOA0005089 ( check here if unknown or not yet assigned)
Date of birth: 0 6 - 1 5 - 8 3
Captive Origin (check only one):   Captive born   Wild capture   Beach/stranded   Unknown
Date of original captivity: 0 7 - 2 4 - 8 7 (ATTACH documentation if before December 21, 1972.)
III. Source: Indicate how and from whom custody of this animal was obtained, including change in facility.
Captive birth
Transfer/ Name of Previous Holder:
Transport Name of Previous Facility:
☐ Import Permit No or ☐ For medical treatment otherwise unavailable (16 U.S.C. 1379(h)(2))
☐ Beach/Stranded (Please see notes)
X Wild Capture Permit No. DOD Collector: NOSC
Location:/ HI
Location:/ HI
IV. Disposition: The date and reason this animal left your custody or changed facility.
☐ Transfer/ Date: — Recipient:
Transport Facility:
Thomas,
☐ Death Date: — Cause: ☐ Premature/still birth ☐ Euthanasia ☐ Other
If "Euthanasia," indicate reason:   life-threatening condition involving pain/suffering or other
If "Other Cause," describe briefly:
X Release Date: 0 9 - 0 8 - 8 9 Permit No. or X Unauthorized release/escape (reintroduction)
Location:/
Geographic Location Tag number or description of other identifying markings

Date 11/19/1996 SHT# SHT0006924 OMB No. 0648-0084, exp 11/30/99

HN: PHF000216 SN: 054/002

For NMFS Use Only I. Holder-Specific: Holder: Naval Comm, Control & Ocean Surveillanc Facility: Naval Comm, Control & Ocean Survei Person or other Entity With Custody of the Marine Mammal Name of Facility (if different from Holder) Date assumed custody: 0 7 - 0 9 - 7 4 Date arrived at Facility: \_\_\_ - \_\_ -City/State/Zip (include Country for foreign facilities): San Diego, CA 92152-5001 US Location of Facility \_\_\_\_ Animal Name: \_\_\_\_\_ Animal Identification No. TT-#03 (assigned by holder) (assigned by holder) X Scientific research Captive Purpose(s): Public display [ ] Enhancement II. Animal-Specific: Species: BOTTLENOSE DOLPHIN - TURSIOPS TRUNCATUS Sex: Male X Female Unknown Common Name - Scientific Name Population Name: ATLANTIC OCEAN NOAA Identification No. NOA0004898 ( check here if unknown or not yet assigned) Date of birth: \_\_\_\_ \_ \_ \_ \_ \_ \_ \_ \_ Actual Estimated X Unknown Captive Origin (check only one): 
Captive born 
Wild capture 
Beach/stranded 
Unknown Date of original captivity: 0 7 - 09 - 74 (ATTACH documentation if before December 21, 1972.) III. Source: Indicate how and from whom custody of this animal was obtained, including change in facility. Captive birth Transfer/ Name of Previous Holder: Transport Name of Previous Facility: Permit No. or For medical treatment otherwise unavailable (16 U.S.C. 1379(h)(2)) Import Beach/Stranded (Please see notes) [X] Wild Capture Permit No. #12 Collector: NOSC / MISS SOUND, MS, GULFPORT Geographical Name IV. Disposition: The date and reason this animal left your custody or changed facility. ☐ Transfer/ Date: \_\_\_\_ \_ \_ \_\_\_ Recipient: Transport Facility: Date: \_\_\_\_ \_ Cause: Premature/still birth Euthanasia Other ☐ Death If "Euthanasia," indicate reason: \( \square\) life-threatening condition involving pain/suffering or \( \square\) other If "Other Cause," describe briefly: \_\_\_\_ or \_\_ Unauthorized release/escape Date: 0 7 - 15 - 74 Permit No. (reintroduction) X Release Geographic Location Tag number or description of other identifying markings

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## MARINE MAMMAL DATA SHEET

Date 11/19/1996

OMB No. 0648-0084, exp 11/30/99 HN: PHF000216 SN: 054/002

SHT# SHT0006925 For NMFS Use Only
I. Holder-Specific:
Holder: Naval Comm, Control & Ocean Surveillanc Person or other Entity With Custody of the Marine Mammal  Racility: Naval Comm, Control & Ocean Surveillanc Name of Facility (if different from Holder)
Date assumed custody: 0 7 - 0 9 - 7 4 Date arrived at Facility:
City/State/Zip (include Country for foreign facilities): San Diego, CA 92152-5001 US  Location of Facility
Animal Identification No. TT-#04 Animal Name: (assigned by holder) (assigned by holder)
Captive Purpose(s): Public display X Scientific research Enhancement
II. Animal-Specific:
Species: BOTTLENOSE DOLPHIN - TURSIOPS TRUNCATUS  Common Name - Scientific Name  Sex: Male Female X Unknown
Population Name: ATLANTIC OCEAN
NOAA Identification No. NOA0004899 ( check here if unknown or not yet assigned)
Date of birth: Actual [ Estimated X Unknown
Captive Origin (check only one):   Captive born   Wild capture   Beach/stranded   Unknown
Date of original captivity: $0 7 - 09 - 74$ (ATTACH documentation if before December 21, 1972.)
III. Source: Indicate how and from whom custody of this animal was obtained, including change in facility.
☐ Captive birth
☐ Transfer/ Name of Previous Holder:
Transport Name of Previous Facility:
☐ Import Permit No or ☐ For medical treatment otherwise unavailable (16 U.S.C. 1379(h)(2))
Beach/Stranded (Please see notes)
Wild Capture Permit No. #12 Collector: NOSC
Location: / MISS SOUND, MS, GULFPORT  Latitude/Longitude Geographical Name
IV. Disposition: The date and reason this animal left your custody or changed facility.
☐ Transfer/ Date: — Recipient:
Transport Facility:
☐ Death Date: — Cause: ☐ Premature/still birth ☐ Euthanasia ☐ Other
If "Euthanasia," indicate reason:   life-threatening condition involving pain/suffering or other
If "Other Cause," describe briefly:
X Release Date: 0 7 - 1 5 - 7 4 Permit No. or Unauthorized release/escape (reintroduction)
Location: /  Geographic Location Tag number or description of other identifying markings

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# MARINE MAMMAL DATA SHEET

Date 11/19/1996 SHT# SHT0006926 OMB No. 0648-0084, exp 11/30/99

HN: PHF000216 SN: 054/002 For NMFS Use Only

I. Holder-Specific:
Holder: Naval Comm, Control & Ocean Surveillanc Facility: Naval Comm, Control & Ocean Survei
Person or other Entity With Custody of the Marine Mammal  Name of Facility (if different from Holder)  Date assumed custody: 0 7 - 0 9 - 7 4 Date arrived at Facility:
City/State/Zip (include Country for foreign facilities): San Diego, CA 92152-5001 US
Y 45. CY3 144
Animal Identification No. TT-#05 Animal Name:  (assigned by holder) (assigned by holder)
Captive Purpose(s):   Public display   Scientific research   Enhancement
II. Animal-Specific:
Species: BOTTLENOSE DOLPHIN - TURSIOPS TRUNCATUS  Common Name - Scientific Name  Sex: Male Female X Unknown
Population Name: ATLANTIC OCEAN
NOAA Identification No. NOA0004900 ( check here if unknown or not yet assigned)
Date of birth: Actual _ Estimated X Unknown
Captive Origin (check only one):   Captive born W Wild capture Beach/stranded Unknown
Date of original captivity: 0 7 - 0 9 - 7 4 (ATTACH documentation if before December 21, 1972.)
III. Source: Indicate how and from whom custody of this animal was obtained, including change in facility.
Captive birth
☐ Transfer/ Name of Previous Holder:
Transport Name of Previous Facility:
Import Permit No. or For medical treatment otherwise unavailable (16 U.S.C. 1379(h)(2))
Beach/Stranded (Please see notes)
X Wild Capture Permit No. #12 Collector: NOSC
Location:/ MISS SOUND, MS, GULFPORT
Latitude/Longitude Geographical Name
IV. Disposition: The date and reason this animal left your custody or changed facility.
☐ Transfer/ Date: — Recipient:
Transport Facility:
Death Date: Cause: Premature/still birth Euthanasia Other
If "Euthanasia," indicate reason:   life-threatening condition involving pain/suffering or other
If "Other Cause," describe briefly:
X Release Date: 0 7 - 1 5 - 7 4 Permit No. or Unauthorized release/escape (reintroduction)
Location:/ Geographic Location Tag number or description of other identifying markings
Geographic Location Tag number or description of other identifying markings

Date <u>11/08/2000</u> SHT# <u>SHT0006942</u> OMB No. 0648-0084, exp 7/31/03

HN: PHF000931 SN: 054/003 For NMFS Use Only

1. Holder-Specific:
Holder: Navy, U.S. Facility: Navy, U.S.
Holder: Navy, U.S.  Person or other Entity With Custody of the Marine Mammal  Parts or wind at Easility: Navy, U.S.  Name of Facility (if different from Holder)
Date assumed custody: 0 1 - 2 0 - 7 7 Date arrived at Facility:
City/State/Zip (include Country for foreign facilities): San Diego, CA 92152-5001 US  Location of Facility
Animal Identification No. TG-558 Animal Name: LEO
(assigned by holder) (assigned by holder)
Captive Purpose(s): Public display X Scientific research Enhancement
II. Animal-Specific:
Species: BOTTLENOSE DOLPHIN - TURSIOPS TRUNCATUS  Common Name - Scientific Name  Sex: X Male  Unknown  Common Name - Scientific Name
Population Name: PACIFIC OCEAN
NOAA Identification No. NOA0004914 (  check here if unknown or not yet assigned)
Date of birth:
Captive Origin (check only one):   Captive born   Wild capture   Beach/stranded   Unknown
Date of original captivity: <u>0 1 - 2 0 - 7 7</u> (ATTACH documentation if before December 21, 1972.)
III. Source: Indicate how and from whom custody of this animal was obtained, including change in facility.
☐ Captive birth
Transfer/ Name of Previous Holder:
Transport Name of Previous Facility:
☐ Import Permit No or ☐ For medical treatment otherwise unavailable (16 U.S.C. 1379(h)(2))
☐ Beach/Stranded (Please see notes)
Wild Capture   Permit No. #12   Collector: MARINELAND OF THE PACIFIC
Location: / CA, CATALINA
Latitude/Longitude Geographical Name
IV. Disposition: The date and reason this animal left your custody or changed facility.
Transport Facility:
☐ Death Date: — Cause: ☐ Premature/still birth ☐ Euthanasia ☐ Other
If "Euthanasia," indicate reason:   life-threatening condition involving pain/suffering or other
If "Other Cause," describe briefly:
X Release Date: 0 1 - 1 5 - 7 8 Permit No or X Unauthorized release/escape (reintroduction)
Location: /
Geographic Location Tag number or description of other identifying markings

Date <u>11/08/2000</u> SHT# <u>SHT0006943</u> OMB No. 0648-0084, exp 7/31/03

HN: PHF000931 SN: 054/003 For NMFS Use Only

I. Holder-Specific:
Holder: Navy, U.S.  Person or other Entity With Custody of the Marine Mammal  Facility: Navy, U.S.  Name of Facility (if different from Holder)
Date assumed custody: 0 1 - 2 1 - 7 7 Date arrived at Facility:
City/State/Zip (include Country for foreign facilities): San Diego, CA 92152-5001 US
Location of Facility
Animal Identification No. TG-#18 Animal Name: (assigned by holder) (assigned by holder)
Captive Purpose(s):  Public display  Scientific research  Enhancement
II. Animal-Specific:
Species: BOTTLENOSE DOLPHIN - TURSIOPS TRUNCATUS  Common Name - Scientific Name  Sex: Male X Female Unknown
Population Name: PACIFIC OCEAN PACIFIC OCEAN
NOAA Identification No. NOA0004915 ( check here if unknown or not yet assigned)
Date of birth: Lestimated X Unknown
Captive Origin (check only one):   Captive born   Wild capture   Beach/stranded   Unknown
Date of original captivity: 0 1 - 2 1 - 7 7 (ATTACH documentation if before December 21, 1972.)
III. Source: Indicate how and from whom custody of this animal was obtained, including change in facility.
☐ Captive birth
Transfer/ Name of Previous Holder:
Transfer/ Name of Previous Holder:  Transport Name of Previous Facility:
☐ Import Permit No or ☐ For medical treatment otherwise unavailable (16 U.S.C. 1379(h)(2))
☐ Beach/Stranded (Please see notes)
X Wild Capture Permit No. #12 Collector: MARINELAND OF THE PACIFIC
Location: / CA, CATALINA
Latitude/Longitude Geographical Name
IV. Disposition: The date and reason this animal left your custody or changed facility.
Transfer/ Date: Recipient:
Transport Facility:
☐ Death Date: — Cause: ☐ Premature/still birth ☐ Euthanasia ☐ Other
If "Euthanasia," indicate reason:   life-threatening condition involving pain/suffering or other
If "Other Cause," describe briefly:
X Release Date: 0 1 - 2 1 - 7 7 Permit No. or Unauthorized release/escape (reintroduction)
Location: /
Geographic Location Tag number or description of other identifying markings

Date 11/08/2000 SHT# SHT0006954 OMB No. 0648-0084, exp 7/31/03

HN: PHF000931 SN: 054/002 For NMES Use Only

FOI NIMITS USE Only
I. Holder-Specific:
Holder: Navy, U.S. Facility: Navy, U.S.
Person or other Entity With Custody of the Marine Mammal  Name of Facility (if different from Holder)
Date assumed custody: 0 8 - 1 9 - 7 7 Date arrived at Facility:
City/State/Zip (include Country for foreign facilities): San Diego, CA 92152-5001 US  Location of Facility
Animal Identification No. TT-#07 Animal Name:
Captive Purpose(s): Public display X Scientific research Enhancement
II. Animal-Specific:
Species: BOTTLENOSE DOLPHIN - TURSIOPS TRUNCATUS  Common Name - Scientific Name  Sex: Male X Female Unknown
Population Name: ATLANTIC OCEAN
NOAA Identification No. NOA0004925 ( check here if unknown or not yet assigned)
Date of birth: Actual _ Estimated X Unknown
Captive Origin (check only one):  Captive born  Wild capture  Beach/stranded  Unknown  Captive of original participation of the form December 21, 1972.)
Date of original captivity: 0 8 - 1 9 - 7 7 (ATTACH documentation if before December 21, 1972.)
III. Source: Indicate how and from whom custody of this animal was obtained, including change in facility.
☐ Captive birth
Transfer/ Name of Previous Holder:
Transport Name of Previous Facility:
☐ Import Permit No or ☐ For medical treatment otherwise unavailable (16 U.S.C. 1379(h)(2))
Beach/Stranded (Please see notes)
X Wild Capture Permit No. #12 Collector: SEA WORLD
Location: / FL, INDIAN R, MARKER #75  Latitude/Longitude Geographical Name
IV. Disposition: The date and reason this animal left your custody or changed facility.
☐ Transfer/ Date: Recipient:
Transport Facility:
☐ Death Date: — Cause: ☐ Premature/still birth ☐ Euthanasia ☐ Other
If "Euthanasia," indicate reason:   life-threatening condition involving pain/suffering or other
If "Other Cause," describe briefly:
X Release Date: 0 8 - 2 4 - 7 7 Permit No. or Unauthorized release/escape (reintroduction)
Location:/
Geographic Location Tag number or description of other identifying markings

Date 11/08/2000

OMB No. 0648-0084, exp 7/31/03

#### HN: PHF000931 SN: 054/002 SHT# SHT0006955 For NMFS Use Only I. Holder-Specific: Holder: Navy, U.S. Facility: Navy, U.S. Person or other Entity With Custody of the Marine Mammal Name of Facility (if different from Holder) Date assumed custody: 0 4 - 0 7 - 7 8 Date arrived at Facility: \_\_\_ - \_\_ - \_\_\_ City/State/Zip (include Country for foreign facilities): San Diego, CA 92152-5001 US Location of Facility \_\_\_\_ Animal Name: \_\_\_\_\_ Animal Identification No. TT-#08 (assigned by holder) (assigned by holder) Public display Captive Purpose(s): X Scientific research ☐ Enhancement II. Animal-Specific: Species: BOTTLENOSE DOLPHIN - TURSTOPS TRUNCATUS Sex: Male X Female Unknown Common Name - Scientific Name Population Name: ATLANTIC OCEAN NOAA Identification No. NOA0004926 ( check here if unknown or not yet assigned) Date of birth: \_\_\_\_ \_ \_ \_ \_\_\_ Actual Estimated X Unknown Captive Origin (check only one): Captive born Wild capture Beach/stranded Unknown Date of original captivity: $0 \ 4 \ - \ 0 \ 4 \ - \ 7 \ 8$ (ATTACH documentation if before December 21, 1972.) III. Source: Indicate how and from whom custody of this animal was obtained, including change in facility. Captive birth Name of Previous Holder: Transfer/ Transport Name of Previous Facility: Permit No. or For medical treatment otherwise unavailable (16 U.S.C. 1379(h)(2)) Import ☐ Beach/Stranded (Please see notes) X Wild Capture Permit No. #12 Collector: MAP \_\_\_\_/ Latitude/Longitude MISS SOUND, MS, CAT ISLAND Location: \_\_\_\_ Geographical Name IV. Disposition: The date and reason this animal left your custody or changed facility. Recipient: ☐ Transfer/ Date: \_\_\_\_ \_ \_ \_\_\_\_ Transport Facility: ☐ Death If "Euthanasia," indicate reason: life-threatening condition involving pain/suffering or other If "Other Cause," describe briefly: X Release Date: 0 4 - 0 5 - 7 8 Permit No. \_\_\_\_\_\_ or Unauthorized release/escape (reintroduction)

Geographic Location

Tag number or description of other identifying markings

Date 11/19/1996

OMB No. 0648-0084, exp 11/30/99

HN: PHF000216 SN: 054/002

# SHT# SHT0007021

For NMFS Use Only I. Holder-Specific: Holder: Naval Comm, Control & Ocean Surveillanc Facility: Naval Comm, Control & Ocean Survei Person or other Entity With Custody of the Marine Mammal Name of Facility (if different from Holder) Date assumed custody: 0 2 - 2 4 - 8 4 Date arrived at Facility: \_\_\_\_ - \_\_\_ City/State/Zip (include Country for foreign facilities): San Diego, CA 92152-5001 US Location of Facility Animal Identification No. TT#10 \_\_\_\_\_ Animal Name: \_\_\_\_\_ (assigned by holder) (assigned by holder) Captive Purpose(s): Public display X Scientific research ☐ Enhancement II. Animal-Specific: Species: BOTTLENOSE DOLPHIN - TURSIOPS TRUNCATUS Sex: X Male Female Unknown Common Name - Scientific Name Population Name: ATLANTIC OCEAN NOAA Identification No. NOA0004979 ( check here if unknown or not yet assigned) Date of birth: \_\_\_\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Estimated X Unknown Captive Origin (check only one): 
Captive born 
Wild capture 
Beach/stranded 
Unknown Date of original captivity: 0 2 - 2 4 - 8 4 (ATTACH documentation if before December 21, 1972.) III. Source: Indicate how and from whom custody of this animal was obtained, including change in facility. Captive birth Name of Previous Holder: ☐ Transfer/ Transport Name of Previous Facility: Permit No. \_\_\_\_\_ or [] For medical treatment otherwise unavailable (16 U.S.C. 1379(h)(2)) ☐ Import ☐ Beach/Stranded (Please see notes) X Wild Capture Permit No. #195 Collector: MAP Location: / MISSISSIPPI SOUND, GULFPORT HARBOR

Latitude/Longitude Geographical Name IV. Disposition: The date and reason this animal left your custody or changed facility. ☐ Transfer/ Date: \_\_\_ \_ \_ \_ \_ \_ \_ Recipient: Transport Facility: ☐ Death If "Euthanasia," indicate reason: \(\sum \) life-threatening condition involving pain/suffering or \(\sum \) other If "Other Cause," describe briefly: Date: 0 3 - 1 6 - 8 4 Permit No. (reintroduction) or Unauthorized release/escape X Release Geographic Location Tag number or description of other identifying markings

Date <u>11/19/1996</u>
SHT# SHT0007025

OMB No. 0648-0084, exp 11/30/99

HN: PHF000216 SN: 054/002 For NMFS Use Only

### I Holder Specifice

1. Holder-Specific:			
Holder: Naval Comm, Control & Ocean Surveillanc Facility: Naval Comm, Control & Ocean Surveillanc Person or other Entity With Custody of the Marine Mammal Name of Facility (if different from Holder)			
Date assumed custody: 0 3 - 0 3 - 8 4 Date arrived at Facility:			
City/State/Zip (include Country for foreign facilities): San Diego, CA 92152-5001 US			
Animal Identification No. TT-#11 Animal Name:  (assigned by holder) Location of Facility  Animal Name:  (assigned by holder)			
Captive Purpose(s): Public display X Scientific research Enhancement			
II. Animal-Specific:			
Species: BOTTLENOSE DOLPHIN - TURSIOPS TRUNCATUS  Common Name - Scientific Name  Repulsión Name - AVIANTA COSAN			
Population Name: ATLANTIC OCEAN			
NOAA Identification No. NOA0004982 ( check here if unknown or not yet assigned)			
Date of birth: Actual _ Estimated X Unknown			
Captive Origin (check only one):   Captive born   Wild capture   Beach/stranded   Unknown			
Date of original captivity: $0 3 - 0 3 - 8 4$ (ATTACH documentation if before December 21, 1972.)			
III. Source: Indicate how and from whom custody of this animal was obtained, including change in facility.			
☐ Captive birth			
Transfer/ Name of Previous Holder:			
Transport Name of Previous Facility:			
Import Permit No. or For medical treatment otherwise unavailable (16 U.S.C. 1379(h)(2))			
☐ Beach/Stranded (Please see notes)			
X Wild Capture Permit No. #195 Collector: MAP			
Location: / MISSISSIPPI SOUND			
Latitude/Longitude Geographical Name			
IV. Disposition: The date and reason this animal left your custody or changed facility.			
Transfer/ Date: Recipient: Facility:			
Tubinty.			
Death Date: Cause: Premature/still birth Euthanasia Other			
If "Euthanasia," indicate reason:   life-threatening condition involving pain/suffering or other			
If "Other Cause," describe briefly:			
X Release Date: 0 3 - 1 5 - 8 4 Permit No. or Unauthorized release/escape (reintroduction)			
Location:/ Tag number or description of other identifying markings			
Geographic Location Tag number or description of other identifying markings			

Date 11/19/1996

OMB No. 0648-0084, exp 11/30/99

HN: PHF000216 SN: 054/002

SHT# SHT0007028 For NMFS Use Only
I. Holder-Specific:
Holder: Naval Comm, Control & Ocean Surveillanc Person or other Entity With Custody of the Marine Mammal  Pacility: Naval Comm, Control & Ocean Surveil  Name of Facility (if different from Holder)
Date assumed custody: 0 3 - 0 4 - 8 4 Date arrived at Facility:
City/State/Zip (include Country for foreign facilities): San Diego, CA 92152-5001 US  Location of Facility
Animal Identification No. TT-#12 Animal Name:
(assigned by holder) (assigned by holder)  Captive Purpose(s):  Public display  Scientific research  Enhancement
II. Animal-Specific:
Species: BOTTLENOSE DOLPHIN - TURSIOPS TRUNCATUS Sex: X Male Female Unknown Common Name - Scientific Name
Population Name: ATLANTIC OCEAN
NOAA Identification No. NOA0004985 (   check here if unknown or not yet assigned)
Date of birth: Actual _ Estimated X Unknown
Captive Origin (check only one):   Captive born   Wild capture   Beach/stranded   Unknown
Date of original captivity: 0 3 - 0 4 - 8 4 (ATTACH documentation if before December 21, 1972.)
III. Source: Indicate how and from whom custody of this animal was obtained, including change in facility.
☐ Captive birth
Transfer/ Name of Previous Holder:
Transport Name of Previous Facility:
Import Permit No. or For medical treatment otherwise unavailable (16 U.S.C. 1379(h)(2))
☐ Beach/Stranded (Please see notes)
Wild Capture Permit No. #195 Collector: MAP
Location: / MISSISSIPPI SOUND
Latitude/Longitude Geographical Name
IV. Disposition: The date and reason this animal left your custody or changed facility.
☐ Transfer/ Date: Recipient:
Transport Facility:
☐ Death Date: — Cause: ☐ Premature/still birth ☐ Euthanasia ☐ Other
If "Euthanasia," indicate reason:   life-threatening condition involving pain/suffering or  other
If "Other Cause," describe briefly:
X Release Date: 0 3 — 0 5 — 8 4 Permit No or Unauthorized release/escape (reintroduction)
Location: / Geographic Location Tag number or description of other identifying markings
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Date 11/19/1996 SHT# SHT0007029

OMB No. 0648-0084, exp 11/30/99

HN: PHF000216 SN: 054/002

For NMFS Use Only
I. Holder-Specific:
Holder: Naval Comm, Control & Ocean Surveillanc Person or other Entity With Custody of the Marine Mammal  Name of Facility (if different from Holder)
Date assumed custody: 0 3 - 2 3 - 8 4 Date arrived at Facility:
City/State/Zip (include Country for foreign facilities): San Diego, CA 92152-5001 US
Animal Identification No. TT-#13 Animal Name:
(assigned by holder) (assigned by holder)
Captive Purpose(s): Public display X Scientific research Enhancement
II. Animal-Specific:
Species: BOTTLENOSE DOLPHIN - TURSIOPS TRUNCATUS  Common Name - Scientific Name  Sex: Male X Female Unknown
Population Name: ATLANTIC OCEAN
NOAA Identification No. NOA0004986 ( check here if unknown or not yet assigned)
Date of birth:
Captive Origin (check only one):   Captive born   Wild capture   Beach/stranded   Unknown
Date of original captivity: 0 3 - 2 3 - 8 4 (ATTACH documentation if before December 21, 1972.)
III. Source: Indicate how and from whom custody of this animal was obtained, including change in facility.
Captive birth
<del></del>
Transfer/ Name of Previous Holder:  Transport Name of Previous Facility:
Import Permit No. or For medical treatment otherwise unavailable (16 U.S.C. 1379(h)(2))
Beach/Stranded (Please see notes)
Wild Capture   Permit No. #195   Collector: MAP
Location: / MISSISSIPPI SOUND
Latitude/Longitude Geographical Name
IV. Disposition: The date and reason this animal left your custody or changed facility.
☐ Transfer/ Date: — Recipient:
Transport Facility:
☐ Death Date: — Cause: ☐ Premature/still birth ☐ Euthanasia ☐ Other
If "Euthanasia," indicate reason: [] life-threatening condition involving pain/suffering or [] other
If "Other Cause," describe briefly:
X Release Date: 0 4 - 0 2 - 8 4 Permit No. or Unauthorized release/escape (reintroduction)
Location:
Geographic Location Tag number or description of other identifying markings

Date 11/08/2000

OMB No. 0648-0084, exp 7/31/03

WANTED WATER DATA SHEET	SHT# <u>SHT0007033</u>	For NMFS Use Only		
I. Holder-Specific:				
Holder: Navy, U.S.  Person or other Entity With Custody of the Marine Mammal	Holder: Navy, U.S Facility: Navy, U.S			
	•	ty (if different from Holder)		
Date assumed custody: 0 3 - 3 0 - 8 4 Date				
City/State/Zip (include Country for foreign facilities): San	Diego, CA 92152-50 Location of Facility			
Animal Identification No. TT-658 (assigned by holder)	Animal Name: ECO	(assigned by holder)		
Captive Purpose(s):	c research	cement		
II. Animal-Specific:	,			
-	Sex: [	] Male X Female [] Unknown		
70 1 1 1 2 T		•••		
· · · · · · · · · · · · · · · · · · ·	ck here if unknown or not	yet assigned)		
Date of birth:	al Estimated X	Unknown		
Captive Origin (check only one):   Captive born   X	Wild capture   Beach/s	stranded Unknown		
Date of original captivity: $0 3 - 30 - 84$	ATTACH documentation	if before December 21, 1972.)		
III. Source: Indicate how and from whom custody of	this animal was obtained,	including change in facility.		
☐ Captive birth		· ·		
Transfer/ Name of Previous Holder:		·		
Transport Name of Previous Facility:				
☐ Import Permit No or ☐ For med	cal treatment otherwise un	available (16 U.S.C. 1379(h)(2))		
☐ Beach/Stranded (Please see notes)		•		
X Wild Capture Permit No. #195	Collector: MAP			
Location:/ Latitude/Longitude	MS, GULFPORT			
Latitude/Longitude	Geograph	nical Name		
IV. Disposition: The date and reason this animal le	ft your custody or changed	facility.		
F1	nt:	•		
·	Premature/still birth	<del></del>		
If "Euthanasia," indicate reason:   life-thre	atening condition involving	g pain/suffering or  other		
If "Other Cause," describe briefly:	•.			
X Release Date: 0 7 - 1 1 - 8 6 Permit N				
Location:/				
Geographic Location	Tag number or descripti	ion of other identifying markings		

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## MARINE MAMMAL DATA SHEET

Date <u>11/19/1996</u> SHT# <u>SHT0007035</u>

OMB No. 0648-0084, exp 11/30/99

HN: PHF000216 SN: 054/002 For NMFS Use Only

For NMFS Use Only

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I. Holder-Specific:
Holder: Naval Comm, Control & Ocean Surveillanc Facility: Naval Comm, Control & Ocean Survei  Person or other Entity With Custody of the Marine Mammal Name of Facility (if different from Holder)
Date assumed custody: 0 7 - 2 6 - 8 4 Date arrived at Facility:
City/State/Zip (include Country for foreign facilities): San Diego, CA 92152-5001 US
Animal Identification No. TT-#14 Animal Name:  (assigned by holder) Location of Facility  Animal Name:  (assigned by holder)
(assigned by holder) (assigned by holder)
Captive Purpose(s):  Public display X Scientific research Enhancement
II. Animal-Specific:
Species: BOTTLENOSE DOLPHIN - TURSIOPS TRUNCATUS  Common Name - Scientific Name  Sex: X Male  Unknown
Population Name: ATLANTIC OCEAN
NOAA Identification No. NOA0004992 ( check here if unknown or not yet assigned)
Date of birth:
Captive Origin (check only one):   Captive born   Wild capture   Beach/stranded   Unknown
Date of original captivity: 0 7 - 2 6 - 8 4 (ATTACH documentation if before December 21, 1972.)
III. Source: Indicate how and from whom custody of this animal was obtained, including change in facility.
☐ Captive birth
Transfer/ Name of Previous Holder:
Transport Name of Previous Facility:
Import Permit No or _ For medical treatment otherwise unavailable (16 U.S.C. 1379(h)(2))
☐ Beach/Stranded (Please see notes)
X Wild Capture    Permit No. #195    Collector: MAP
Location: / MISSISSIPPI SOUND  Latitude/Longitude Geographical Name
IV. Disposition: The date and reason this animal left your custody or changed facility.
Transfer/ Date: Recipient: Facility:
☐ Death Date: — Cause: ☐ Premature/still birth ☐ Euthanasia ☐ Other
If "Euthanasia," indicate reason:   life-threatening condition involving pain/suffering or  other
If "Other Cause," describe briefly:
X Release Date: 0 8 - 1 4 - 8 4 Permit No or Unauthorized release/escape (reintroduction)
Location: /  Geographic Location Tag number or description of other identifying markings

Location:

Geographic Location

OMB No. 0648-0084, exp 11/30/99

Tag number or description of other identifying markings

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I. Holder-Specific:			
Holder: Naval Comm, Control & Ocean Surveillanc Facility: Naval Comm, Control & Ocean Survei  Person or other Entity With Custody of the Marine Mammal Name of Facility (if different from Holder)			
Date assumed custody: 0 7 - 2 7 - 8 4 Date ar	rived at Facility:		
City/State/Zip (include Country for foreign facilities): San Di	Lego, CA 92152-5001 US  Location of Facility		
Animal Identification No. TT-#16 Animal Name: (assigned by holder) (assigned by holder)			
Captive Purpose(s): Public display X Scientific re			
II. Animal-Specific:			
Species: BOTTLENOSE DOLPHIN - TURSIOPS TRUNCATUS  Common Name - Scientific Name	Sex: X Male   Female   Unknown		
Population Name: ATLANTIC OCEAN			
NOAA Identification No. NOA0004993 ( check I	here if unknown or not yet assigned)		
Date of birth: Actual _ Estimated X Unknown			
Captive Origin (check only one):   Captive born   Wild capture   Beach/stranded   Unknown			
Date of original captivity: 0 7 - 2 7 - 8 4 (ATTACH documentation if before December 21, 1972.)			
III. Source: Indicate how and from whom custody of this	is animal was obtained, including change in facility.		
III. Source: Indicate how and from whom custody of the	is animal was obtained, including change in facility.		
☐ Captive birth ☐ Transfer/ Name of Previous Holder: ☐ Transport			
☐ Captive birth ☐ Transfer/ Name of Previous Holder: ☐ Transport Name of Previous Facility:			
☐ Captive birth ☐ Transfer/ Name of Previous Holder: ☐ Transport Name of Previous Facility:			
□ Captive birth   □ Transfer/ Name of Previous Holder:   Transport Name of Previous Facility:   □ Import Permit No or □ For medical   □ Beach/Stranded (Please see notes)			
□ Captive birth   □ Transfer/ Name of Previous Holder:   Transport Name of Previous Facility:   □ Import Permit No or □ For medical   □ Beach/Stranded (Please see notes)	I treatment otherwise unavailable (16 U.S.C. 1379(h)(2))		
☐ Captive birth   ☐ Transfer/ Name of Previous Holder:   Transport Name of Previous Facility:   ☐ Import Permit No or ☐ For medical   ☐ Beach/Stranded (Please see notes)   X Wild Capture Permit No. #195 Col   Location: /	I treatment otherwise unavailable (16 U.S.C. 1379(h)(2))  Ilector: MAP  MISSISSIPPI SOUND  Geographical Name		
□ Captive birth   □ Transfer/ Name of Previous Holder:   Transport Name of Previous Facility:   □ Import Permit No. or □ For medical   □ Beach/Stranded (Please see notes)   X Wild Capture Permit No. #195 Col   Location: /   Latitude/Longitude    IV. Disposition: The date and reason this animal left y   □ Transfer/ Date: Recipient:	I treatment otherwise unavailable (16 U.S.C. 1379(h)(2))  Ilector: MAP  MISSISSIPPI SOUND  Geographical Name		
□ Captive birth   □ Transfer/ Name of Previous Holder:   Transport Name of Previous Facility:   □ Import Permit No. or □ For medical   □ Beach/Stranded (Please see notes)   ▼ Wild Capture Permit No. #195 Col   Location: / Latitude/Longitude   IV. Disposition: The date and reason this animal left y   □ Transfer/ Date: Recipient:   Transport	I treatment otherwise unavailable (16 U.S.C. 1379(h)(2))  Ilector: MAP  MISSISSIPPI SOUND  Geographical Name  your custody or changed facility.		
☐ Captive birth           ☐ Transfer/ Name of Previous Holder:	I treatment otherwise unavailable (16 U.S.C. 1379(h)(2))  Ilector: MAP  MISSISSIPPI SOUND  Geographical Name  your custody or changed facility.		
☐ Captive birth           ☐ Transfer/ Name of Previous Holder:	I treatment otherwise unavailable (16 U.S.C. 1379(h)(2))  Ilector: MAP  MISSISSIPPI SOUND  Geographical Name  your custody or changed facility.  Premature/still birth		

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# MARINE MAMMAL DATA SHEET

Date <u>11/19/1996</u> SHT# <u>SHT0007037</u> OMB No. 0648-0084, exp 11/30/99

HN: PHF000216 SN: 054/002 For NMFS Use Only

I. Holder-Specific:
Holder: Naval Comm, Control & Ocean Surveillanc Facility: Naval Comm, Control & Ocean Survei
Person or other Entity With Custody of the Marine Mammal  Name of Facility (if different from Holder)  Date assumed custody: 0 7 - 2 6 - 8 4 Date arrived at Facility:
Date assumed custody: 0 7 - 2 6 - 8 4 Date arrived at Facility:
City/State/Zip (include Country for foreign facilities): San Diego, CA 92152-5001 US  Location of Facility
Animal Identification No. TT-#1.5 Animal Name: (assigned by holder) (assigned by holder)
Captive Purpose(s): Public display X Scientific research Enhancement
II. Animal-Specific:
Species: BOTTLENOSE DOLPHIN - TURSIOPS TRUNCATUS  Common Name - Scientific Name  Sex: Male X Female Unknown
Population Name: ATLANTIC OCEAN
NOAA Identification No. NOA0004994 ( check here if unknown or not yet assigned)
Date of birth: Actual _ Estimated X Unknown
Captive Origin (check only one):   Captive born   Wild capture   Beach/stranded   Unknown
Date of original captivity: 0 7 - 2 6 - 8 4 (ATTACH documentation if before December 21, 1972.)
III. Source: Indicate how and from whom custody of this animal was obtained, including change in facility.
Captive birth
☐ Transfer/ Name of Previous Holder:
Transport Name of Previous Facility:
☐ Import Permit No or ☐ For medical treatment otherwise unavailable (16 U.S.C. 1379(h)(2))
☐ Beach/Stranded (Please see notes)
X Wild Capture Permit No. #195 Collector: MAP
Location: / MISSISSIPPI SOUND
Latitude/Longitude Geographical Name
IV. Disposition: The date and reason this animal left your custody or changed facility.
Transfer/ Date: Recipient:
Transport Facility:
Death Date: — Cause: Premature/still birth Euthanasia Other
If "Euthanasia," indicate reason:   life-threatening condition involving pain/suffering or  other
If "Other Cause," describe briefly:
X Release Date: 0 8 - 1 1 - 8 4 Permit No or Unauthorized release/escape (reintroduction)
Location:/ Geographic Location Tag number or description of other identifying markings

Date <u>11/08/2000</u> SHT# <u>SHT0006898</u> OMB No. 0648-0084, exp 7/31/03

HN: PHF000931 SN: 054/002 For NMFS Use Only

I. Holder-Specific:
Holder: Navy, U.S.  Person or other Entity With Custody of the Marine Mammal  Facility: Navy, U.S.  Name of Facility (if different from Holder)
Date assumed custody: 0 6 - 0 1 - 6 7 Date arrived at Facility:
City/State/Zip (include Country for foreign facilities): San Diego, CA 92152-5001 US
Location of Facility  Animal Identification No. TT-017 Animal Name: SNR
(assigned by holder) (assigned by holder)
Captive Purpose(s):  Public display  Scientific research  Enhancement
II. Animal-Specific:
Species: BOTTLENOSE DOLPHIN - TURSIOPS TRUNCATUS  Common Name - Scientific Name  Sex: X Male    Female    Unknown
Population Name: ATLANTIC OCEAN
NOAA Identification No. NOA0004873 ( check here if unknown or not yet assigned)
Date of birth: $0 6 - 1 5 - 6 5$ Actual $X$ Estimated
Captive Origin (check only one):   Captive born   Wild capture   Beach/stranded   Unknown
Date of original captivity: <u>0 6 - 0 1 - 6 7</u> (ATTACH documentation if before December 21, 1972.)
III. Source: Indicate how and from whom custody of this animal was obtained, including change in facility.
Captive birth
Transfer/ Name of Previous Holder:  Transport Name of Previous Facility:
☐ Import Permit No or ☐ For medical treatment otherwise unavailable (16 U.S.C. 1379(h)(2))
☐ Beach/Stranded (Please see notes)
X Wild Capture Permit No. P/A Collector:
Location: / FLORIDA Geographical Name
IV. Disposition: The date and reason this animal left your custody or changed facility.
Transfer/ Date:           Recipient:            Transport         Facility:
∑ Death Date: 0 4 − 1 9 − 7 8 Cause: ☐ Premature/still birth ☐ Euthanasia ∑ Other
If "Euthanasia," indicate reason:   life-threatening condition involving pain/suffering or other
If "Other Cause," describe briefly: DROWNING
Release Date: Permit No. or Unauthorized release/escape (reintroduction)
Location:  Geographic Location Tag number or description of other identifying markings

Date <u>11/08/2000</u> SHT# <u>SHT0007049</u>

OMB No. 0648-0084, exp 7/31/03 HN: PHF000931 SN: 054/002

For NMFS Use Only
I. Holder-Specific:
Holder: Navy, U.S. Facility: Navy, U.S.
Person or other Entity With Custody of the Marine Mammal  Name of Facility (if different from Holder)
Date assumed custody: 0 9 - 0 6 - 8 4 Date arrived at Facility: 0 9 - 2 6 - 8 4
City/State/Zip (include Country for foreign facilities): San Diego, CA 92152-5001 US
Location of Facility  Animal Identification No. TT-672 Animal Name:
(assigned by holder) (assigned by holder)
Captive Purpose(s):   Public display   Scientific research   Enhancement
II. Animal-Specific:
Species: BOTTLENOSE DOLPHIN - TURSIOPS TRUNCATUS  Common Name - Scientific Name  Sex: X Male Female Unknown
Population Name: ATLANTIC OCEAN
NOAA Identification No. NOA0005004 ( check here if unknown or not yet assigned)
Date of birth: Lestimated X Unknown
Captive Origin (check only one):   Captive born   Wild capture   Beach/stranded  Unknown
Date of original captivity: 0 9 - 0 6 - 8 4 (ATTACH documentation if before December 21, 1972.)
III. Source: Indicate how and from whom custody of this animal was obtained, including change in facility.
☐ Captive birth
Transfer/ Name of Previous Holder:
Transport Name of Previous Facility:
☐ Import Permit No or ☐ For medical treatment otherwise unavailable (16 U.S.C. 1379(h)(2))
☐ Beach/Stranded (Please see notes)
X Wild Capture Permit No. #195 Collector: MAP
Location:/ MS, CAT ISLAND, GULFPORT
Latitude/Longitude Geographical Name
IV. Disposition: The date and reason this animal left your custody or changed facility.
Transfer/ Date: Recipient:
Transport Facility:
☐ Death Date: — Cause: ☐ Premature/still birth ☐ Euthanasia ☐ Other
If "Euthanasia," indicate reason:  life-threatening condition involving pain/suffering or other
If "Other Cause," describe briefly:
X Release Date: 0 8 - 0 2 - 8 5 Permit No. or X Unauthorized release/escape (reintroduction)
Location:/
Geographic Location Tag number or description of other identifying markings